

Jaw Pain Questionnaire



ADLON G
DENTAL

Please answer the following questions to the best of your knowledge:

1. Is your jaw pain constant or intermittent?
2. Is your jaw pain on the right side, left side, or both?
3. How would you explain the nature of jaw pain: is it in the muscle or joint, or when you move your jaw?
4. What aggravates your jaw?
5. Do you have a history of trauma to the jaw? If yes, please describe. Has something recently changed?
6. Have you had any recent dental procedures such as extraction, implant, crowns, or periodontal surgery?
7. Do you have any abnormalities of your teeth or gums, or gum or tooth pain?
8. Any dysfunction in your jaw joint (left/right/both)? Please describe.
9. What treatments have you already tried (medications, MRI, CT scans, etc.)? Please list:
10. How long have you had jaw pain?
1-2 days 1 week 2-4 weeks 1 month 2 months 6 months 1 year 1+ years

Please answer the following questions on a scale from 1-10, **where 0 is none and 10 is the worst possible**. We would like to track your progress over time using this scale.

What is the average intensity of your jaw pain? (0-10)

Can you describe the frequency of your pain? (0-10)

Do you experience impaired jaw mobility such as chewing or opening your mouth? (0-10)

NAME: _____

DATE: _____